

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Michelle Morse, Acting Commissioner



WHAT WE DO

The New York City Department of Health and Mental Hygiene (DOHMH), also referred to as the Health Department, protects and promotes the health and well-being of all New Yorkers. The Health Department engages with communities to develop and implement robust public health programming and policy recommendations, enforces health regulations, responds to public health emergencies, and provides limited direct health services. The Health Department also leads the design and oversight of citywide population health strategies—most notably through HealthyNYC, the City’s comprehensive health agenda—by implementing policies and programs that address the leading drivers of loss of life expectancy and extreme racial health inequities that disproportionately affect communities of color, especially Black New Yorkers.

Central to the Health Department’s mission, the Agency provides direct services at tuberculosis clinics, sexual health clinics, immunization clinics, three Neighborhood Health Action Centers, and more than 1,200 public schools. The Health Department issues birth and death certificates, inspects restaurants and child care centers, and provides services to children and families, including an Early Intervention Program that serves infants and toddlers with developmental delays. Additionally, the Health Department protects public safety through prevention and immediate response to emergent public health threats.

The Health Department’s impact goes well beyond what is accomplished by its own workforce. The Agency contracts with community-based organizations to deliver mental health, developmental disability, and alcohol and substance use services. It works with health care providers to improve health care delivery and to increase the use of preventive services, such as immunizations and cancer screenings.

FOCUS ON EQUITY

Achieving more equitable, efficient, and effective health outcomes for all New Yorkers requires the City to explicitly acknowledge and address health inequities driven by historical and contemporary injustices, including structural racism and other discriminatory policies and practices that continue to shape health outcomes today. As part of its strategic plan, the Health Department seeks to embed equity and anti-racism principles into all its work, internally and externally. In recognition that social determinants of health (non-medical factors that influence health outcomes and inequities) include social systems (relationships and power structures with individuals, communities, and institutions), the Health Department has reconceptualized the ways in which it interacts with communities and forms intervention strategies. To do this, the Health Department primarily uses the principles of Public Health Critical Race Praxis (PHCRP) to promote equity in its programming. With this framework, services provided at the Health Department’s Neighborhood Health Action Centers—located in North and Central Brooklyn, East Harlem, and the South Bronx—demonstrate the collaborative place-based approaches proven to improve population health and address health inequities at the neighborhood level. PHCRP continues to influence the development of reports, programs, and projects at the Health Department to ensure the Agency is reaching its goal to operationalize and embed equity in all its public health work.

November 2025 will mark two years since the Health Department launched HealthyNYC, the City’s comprehensive population health agenda to improve life expectancy and create a healthier City for all. HealthyNYC’s overarching goal is to increase New Yorkers’ life expectancy to at least 83 years of age by 2030. It sets specific goals to mitigate the primary factors contributing to declines in life expectancy, including COVID-19, drug overdose, suicide, and chronic diseases such as heart disease and screenable cancers. It also addresses racial inequities that disproportionately affect Black New Yorkers, particularly inequities in deaths due to pregnancy-associated causes and to incidences of violence. In Fiscal 2025, the Health Department released Calendar 2023 HealthyNYC data, showing that while life expectancy rose from 81.5 years in Calendar 2022 to 82.6 years in Calendar 2023, significant racial inequities in life expectancy persist. Looking ahead, the Health Department aims to refine its strategies in an effort to close the gap between racial and ethnic groups.

In Fiscal 2024, the Health Department released two groundbreaking data reports on mental health, titled “The State of Mental Health of New Yorkers” and “Special Report on Social Media and Mental Health,” both of which underscore racial inequities and are guiding planning efforts to address the significant gaps that remain in meeting the mental health needs of all New Yorkers, particularly within communities of color. The Health Department also drafted nine short-, medium-, and long-term goals for the City’s inaugural Racial Equity Plan, led by the Mayor’s Office of Equity and Racial Justice. The Health Department’s goals encompass assessing priority neighborhoods, advancing racial equity within HealthyNYC, and ensuring equitable service delivery across all public health clinics.

OUR SERVICES AND GOALS

SERVICE 1 Detect, prevent and reduce the transmission of infectious diseases.

- Goal 1a Reduce new cases of HIV and other sexually transmitted infections.
 - Goal 1b Prevent the transmission of other infectious diseases.
 - Goal 1c Prevent the transmission of vaccine-preventable diseases.
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SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

- Goal 2a Reduce tobacco use and promote physical activity and healthy eating.
 - Goal 2b Improve preventive health care.
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SERVICE 3 Promote a safe environment.

- Goal 3a Reduce hazards to children in homes and child care programs.
 - Goal 3b Reduce the threat of foodborne illness.
 - Goal 3c Reduce animal-related risks to human health.
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SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance use.

- Goal 4a Reduce the adverse health consequences of substance use.
 - Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.
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SERVICE 5 Provide high-quality and timely services to the public.

- Goal 5a Provide birth and death certificates to the public quickly and efficiently.

HOW WE PERFORMED IN FISCAL 2025

SERVICE 1 Detect, prevent and reduce the transmission of infectious diseases.

Goal 1a Reduce new cases of HIV and other sexually transmitted infections.

The Health Department oversees the City’s response to HIV and syphilis, including facilitating access to HIV and syphilis testing, treatment, and preventative services. Due to the time needed to collect, verify, analyze and report new HIV diagnoses, data for Calendar 2024 will be available in December 2025 and appear in the Fiscal 2026 Preliminary Mayor’s Management Report, which will be published in January 2026.

In Calendar 2024, there were 1,466 reported cases of infectious syphilis in the City, a 17 percent decrease compared with Calendar 2023, echoing trends seen across the country. Between Calendar 2023 and 2024, there were decreases in the number of infectious syphilis cases among all genders, races/ethnicities, age groups, and boroughs of residence, while the distributions of cases by race/ethnicity, age group, and borough of residence remained similar. As in previous years, inequities by race/ethnicity and neighborhood of residence persisted. The infectious syphilis case rate among non-Hispanic Black men was three times higher than among non-Hispanic white men, and the case rate among residents of Chelsea-Hell’s Kitchen in Manhattan was the highest of all United Hospital Fund (UHF) neighborhoods in the City. The decrease in infectious syphilis cases may be partly due to the increasing use of a new prevention strategy, doxy PEP, a prophylactic antibiotic taken to prevent certain bacterial STIs, including infectious syphilis.

In contrast, the number of reported cases of congenital syphilis in the City increased by six percent from 35 cases in Calendar 2023 to 37 cases in Calendar 2024. While this increase is smaller than the 14-case jump from 21 cases in Calendar 2022 to 35 cases in Calendar 2023, case numbers remain more than double what they were five years ago. In Calendar 2024, more than half of birthing parents whose infants were born with congenital syphilis in the City had late or no prenatal screenings—the primary opportunity to detect and treat syphilis during pregnancy. A lack of appropriate and timely prenatal screening is associated with congenital syphilis. Of all five boroughs, Manhattan experienced the largest rise of congenital syphilis cases, increasing from three in Calendar 2023 to 13 in Calendar 2024, and the proportion of birthing parents in Manhattan who received prenatal screenings decreased over comparative periods. The Health Department continues to closely monitor congenital syphilis case numbers and rates, convene monthly case reviews by specially trained disease intervention specialists, and communicate about prevention strategies with health care providers. The Health Department maintains active membership in the New York State Congenital Syphilis Elimination Strategic Planning Group to support coordinated response efforts across the City and State.

The number of safer sex products distributed decreased 21 percent from Fiscal 2024 to 13,178,000 products in Fiscal 2025, falling short of the target of 20 million products. This is largely due to changes to the procurements that support the Health Department’s distribution of safer sex products that temporarily disrupted distribution activities in early Fiscal 2025.

The Health Department’s HIV and STI programs and services are largely funded by federal grants. Any cuts to federal funding will impact the Health Department’s ability to continue its work to ensure New Yorkers have access to the HIV and STI testing, treatment, and prevention services and safer sex products they need to be healthy and thrive.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ New HIV diagnoses (CY)	1,407	1,608	1,590	1,705	NA	↓	↓	NA	Down
★ Infectious syphilis cases (CY)	2,238	2,235	2,312	1,762	1,466	↓	↓	Down	Down
★ Congenital syphilis cases (CY)	17	24	21	35	37	↓	↓	Up	Down
Safer sex product distribution (000)	13,784	18,605	23,955	16,589	13,178	20,000	20,000	Neutral	Up
★ Critical Indicator	⚙️ Equity Indicator	“NA” Not Available		↑↓ Directional Target		* None			

Goal 1b Prevent the transmission of other infectious diseases.

In Calendar 2024, 839 patients were diagnosed with tuberculosis (TB) in New York City, a 24 percent increase from the 679 cases reported in Calendar 2023. TB cases have increased nationwide in recent years. In New York City, the rise in cases in Calendar 2024 was driven in part by increases among high-risk populations and ongoing outbreaks in specific communities. Additionally, staffing gaps and restricted funding have affected the Health Department’s capacity to conduct core TB control activities. The Health Department is actively hiring new staff to address critical gaps in contact investigation, case management, and care coordination activities. The Health Department’s TB services are provided free of charge to all patients, regardless of immigration status, insurance status, or ability to pay. A considerable proportion of the Health Department’s funding for critical TB activities is provided by federal grants. Therefore, TB control in New York City would be significantly compromised by any future cuts to federal funding.

The percentage of New York City seniors age 65 and older who reported receiving a flu shot in Calendar 2024 improved slightly to 69.2 percent. However, the Health Department remains concerned that this could decrease in Calendar 2025 due to its heavy reliance on federal immunization cooperative agreements. The end of federal COVID-19 vaccination funding at the end of Fiscal 2025, as well as a 9.4 percent reduction in federal immunization funding for Fiscal 2026, means that the Health Department may have less capacity to design and implement unique vaccination access programs, particularly for uninsured adults, including for flu vaccination in older adults.

Annual COVID-19 hospitalizations decreased 23 percent from Calendar 2023 to Calendar 2024, dropping to 165.5 hospitalizations per 100,000 admissions. This is likely due to increasing population immunity and differences in circulating COVID-19 variants.

The number of animals in New York City that tested positive for rabies decreased from 12 in Calendar 2023 to eight in Calendar 2024, a historic low. The continuing decline in the number of rabid animals may be due to targeted oral rabies vaccination campaigns for raccoons conducted in Queens and Brooklyn during fall 2022 and spring 2023, in response to a rise of rabid raccoons reported in those boroughs in Calendar 2022.

The proportion of people with a diagnosis of chronic hepatitis C in the City who were cleared or cured of the virus increased from 69.0 percent in Calendar 2023 to 71.5 percent in Calendar 2024, achieving the 70.0 percent target for the first time since this metric was established in Calendar 2017.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ New tuberculosis cases (CY)	444	529	535	679	839	↓	↓	Up	Down
Seniors, age 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	69.8%	68.5%	72.4%	68.7%	69.2%	70.0%	70.0%	Neutral	Up
★ COVID-19 hospitalizations rate (per 100,000 admissions) (CY)	688.4	632.4	602.0	214.7	165.5	↓	↓	Down	Down
Animals testing positive for rabies at the Public Health Laboratory (CY)	38	19	38	12	8	*	*	Down	Down
Hepatitis C cleared or cured (%) (CY)	66.4%	67.9%	68.8%	69.0%	71.5%	70.0%	70.0%	Neutral	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None									

Goal 1c Prevent the transmission of vaccine-preventable diseases.

In Fiscal 2025, 65.9 percent of children ages 19-35 months were up to date with immunizations, up by one percentage point from Fiscal 2024. Pediatric coverage estimates for Fiscal 2025 are preliminary. Prior to Fiscal 2025, pediatric vaccination rates steadily declined from Fiscal 2017 to Fiscal 2024. These rates were significantly impacted by the COVID-19 pandemic, with similar trends seen in other jurisdictions around the country. The Health Department prioritizes improving pediatric vaccination rates in communities with the lowest coverage through targeted outreach and education to health care providers, schools and families. As part of its efforts to improve pediatric coverage, in June 2025, the Health Department launched the Childhood Vaccination Data Explorer, which provides citywide vaccination coverage information for nine different vaccines by age group, as well as coverage for the combined 7-vaccine series—the Centers for Disease Control and Prevention (CDC) recommended vaccination schedule for children to protect against seven diseases. This allows health care providers to be aware of current coverage rates in their communities and citywide.

The percentage of children in public schools in compliance with required immunizations increased from 96.5 percent in Fiscal 2024 to 97.7 percent in Fiscal 2025. Compliance rates are almost reaching pre-COVID-19 pandemic rates as compliance in Fiscal 2019 was 98.9 percent. However, potential changes to CDC immunization recommendations may affect adherence to school vaccination requirements, and reductions in federal funding for immunization programs may limit the Health Department’s ability and capacity to monitor compliance. The Health Department continues to collaborate with schools to promote vaccination and is working with State and national partners to ensure safe and effective vaccines remain available and accessible for school-aged children.

While the proportion of 13-year-olds who have completed the Human Papillomavirus (HPV) vaccination series increased slightly from 42.1 percent in Fiscal 2024 to 43 percent in Fiscal 2025, coverage remains down from the level observed before the COVID-19 pandemic and below the 53 percent target. A recent evaluation conducted by the Health Department found that earlier initiation of the HPV vaccine at ages nine to 10 years old is associated with more timely series completion by the 13th birthday. Therefore, the Health Department’s strategies to advance early vaccine initiation and overall coverage include provider outreach strategies, the development of an HPV vaccine toolkit for providers, and tracking citywide HPV vaccination rates on a quarterly basis. The Health Department also launched a media campaign in June 2025 on subway platforms, digital Link NYC kiosks, social media, local newspapers, and the radio to promote HPV vaccination.

In Fiscal 2026, vaccination misinformation being spread by the Secretary of the U.S. Department of Health and Human Services, as well as changes to the Advisory Committee on Immunization Practices (ACIP), the advisory board that makes immunization recommendations, and to the CDC, which determines whether or not to adopt the recommendations for the nation, has led to changes in national immunization recommendations that are not founded in evidence-based science. Indeed, further concerning changes are expected. This is already causing confusion and is likely to erode vaccination confidence and lead to lower vaccine uptake across New York City. Furthermore, both vaccine liability and vaccine payment (through the Vaccines for Children program and through insurance plans) are predicated on ACIP recommendations. The Health Department continues to work with State and national partners to mitigate impacts on vaccination coverage in the City.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ Children ages 19-35 months with up-to-date immunizations (%)	68.4%	63.2%	60.8%	64.7%	65.9%	75.0%	75.0%	Neutral	Up
★ Children in public schools who are in compliance with required immunizations (%)	96.9%	97.0%	96.4%	96.5%	97.7%	99.0%	99.0%	Neutral	Up
★ HPV vaccine series completion (%)	44.9%	43.5%	42.8%	42.1%	43.0%	53.0%	53.0%	Neutral	Up
★ Critical Indicator	🌟 Equity Indicator	"NA" Not Available		↕ Directional Target	* None				

SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

Goal 2a Reduce tobacco use and promote physical activity and healthy eating.

The proportion of adults who reported they currently smoke cigarettes declined for the seventh consecutive year to 7.7 percent in Calendar 2024. Although there have been some fluctuations in survey data, there has been a steady downward trend in smoking observed over the past two decades, during a period of consistent anti-tobacco policies, programs, and education efforts.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ Adults who smoke (%) (CY)	10.9%	9.1%	8.7%	7.9%	7.7%	↓	↓	Down	Down
Adults with obesity (%) (CY)	25.4%	27.7%	26.5%	26.1%	27.6%	*	*	Neutral	*
Adults who consume one or more servings of sugar-sweetened beverages per day (%) (CY)	NA	14.9%	14.5%	14.0%	14.3%	*	*	NA	*
★ Critical Indicator	● Equity Indicator	"NA" Not Available		↑↓ Directional Target	* None				

Goal 2b Improve preventive health care.

The estimated percentage of uninsured adult New Yorkers dropped by three percentage points to 9.3 percent in Calendar 2024, marking a record low since this metric was first tracked in Calendar 2011. The Health Department, along with its non-profit partners, continues to help New Yorkers sign up for health insurance. However, recent federal policy changes to Medicaid and Essential Plan eligibility, and increasing complexity in the process of proving eligibility, including in the federal Budget Reconciliation Act of 2025, will increase the number of uninsured New Yorkers. The Health Department will adjust future projections to account for the expected drop in coverage caused by federal actions.

As part of its focus on preventive care, the Health Department promotes cancer screenings and equitable cancer care among adult New Yorkers, including working to increase colon cancer screenings for those who are uninsured, tracking key cancer statistics in the City, and partnering with a range of stakeholders to encourage timely screenings. The Health Department's HealthyNYC population health agenda set a goal to decrease overall screenable cancer (colon, prostate, female breast, lung, and cervical) deaths in New York City by 20 percent by 2030. As of Calendar 2024, 71.4 percent of adults ages 45–75 surveyed in the Health Department's Community Health Survey were screened for colorectal cancer, up three percentage points from Calendar 2023.

The asthma-related emergency department (ED) visit rate for children ages five to 17 increased seven percent from 134.8 per 10,000 children in Calendar 2022 to 143.7 per 10,000 children in Calendar 2023. This is the third consecutive yearly increase from the metric's record low of 57.1 per 10,000 children in Calendar 2020, which was likely due to changes in health care utilization and more limited exposure to environmental triggers as people remained indoors due to the COVID-19 pandemic. The Calendar 2023 rate is still below the Calendar 2019 (pre-COVID-19) rate and marks an overall decline over the past 15 years. The COVID-19 public health emergency has led to significant changes in health care utilization, so Calendar 2023 surveillance data should be interpreted with caution. Asthma ED visits are related not only to factors that trigger asthma episodes but also access to guidelines-based asthma care, medications, and asthma self-management education. Due to the 12-month lag time associated with certifying and ensuring the integrity of data for this metric, Calendar 2024 data is expected to be published in the Fiscal 2026 Preliminary Mayor's Management Report.

In Calendar 2023, 75 percent of adult New Yorkers with diabetes successfully had control of their A1C blood glucose levels, a record high since this metric was first tracked in Calendar 2017. In May 2025, the Health Department released its official citywide diabetes strategy report. Despite risks to federal funding, the Agency enrolled over 2,000 people in diabetes self-management programs, trained over 20 Health Department staff in diabetes workshop facilitation, and, through a combination of City and State funding, employed over 200 Community Health Workers (CHWs) to help manage chronic conditions and health-related social needs in neighborhoods facing high burdens of poverty. Due to the nearly 18-month lag time associated with certifying and ensuring the integrity of data for this metric, Calendar 2024 data is expected to be published in the Fiscal 2026 Preliminary Mayor's Management Report.

In Calendar 2024, the infant mortality rate for children under the age of one in New York City was 3.9 deaths per 1,000 live births, a slight decrease from the 4.2 infant deaths per 1,000 live births in Calendar 2023. Calendar 2024 data are provisional. Due to the small number of deaths, the rate will fluctuate from year to year.

In Calendar 2022, Black women and birthing people in New York City had a pregnancy-associated mortality ratio of 127.3 deaths per 100,000 live births (five-year average). This was 143 percent higher than the citywide pregnancy-associated mortality ratio of 52.3 deaths per 100,000 live births (five-year average) that year. Both citywide and Black pregnancy-associated mortality ratios increased from Calendar 2021 to Calendar 2022, by eight percent and 12 percent, respectively. Pregnancy-associated deaths include deaths from any cause during pregnancy or within one year from the end of pregnancy, regardless of the outcome of the pregnancy. Pregnancy-related deaths, a subset of pregnancy-associated deaths, are deaths that occur during pregnancy or within one year from the end of pregnancy that are caused by a pregnancy complication, a chain of events that are initiated by pregnancy, or the aggravation of an unrelated condition by the pregnancy.

The increases in pregnancy-associated deaths across the City may be in part because of random variation due to small numbers of deaths. For Black New Yorkers in particular, overdose deaths are also a driver of this increase, accounting for nine percent of deaths among Black non-Hispanic women and birthing people in Calendar 2021 (two of 23 deaths) but rising to 29 percent in Calendar 2022 (eight of 28 deaths). This aligns with mortality trends for Black non-Hispanic women in New York City overall as overdose deaths increased among Black women under the age of 65 from Calendar 2021 to 2022, which also mirrored the overall trend in these deaths among New Yorkers as a whole. The Health Department only reports data through Calendar 2022 currently because the data lag time for these metrics is 2.75 years due to Health Department protocol and CDC guidance on the case identification and review process timeline to accurately evaluate each death. Calendar 2023 data is expected to be published in the Fiscal 2026 Mayor's Management Report.

Maternal health and well-being are critical public health concerns in the City. Black women and birthing people are at highest risk of preventable mortality due to being unfairly ignored and dismissed by clinicians and systems because of structural racism, disinvestment in their communities, and other outcomes. As part of HealthyNYC, the City established a goal to reduce pregnancy-associated mortality among Black non-Hispanic women and birthing people by ten percent by 2030. The Health Department continues to convene the Maternal Mortality Review Committee—a body established by the Health Department to investigate and analyze pregnancy-associated deaths and severe maternal morbidity in the City. Additionally, the Health Department will continue to deliver key services to pregnant, birthing, and parenting people by working with hospitals and clinicians, providing support through home visiting and doula services, educating on the benefits of full-scope integrative midwifery care, and working with community partners to decrease maternal mortality and morbidity while uplifting birth equity to promote healthy families.

From Calendar 2022 to Calendar 2023, there was an increase in the absolute number of heart failure hospitalizations and a decrease in the adult population size in New York City. Together, these resulted in a five percent increase in the adult heart failure hospitalization rate over that time, reaching 341.3 hospitalizations per 100,000 adults in Calendar 2023. Currently, the Health Department does not have any funding or programming related to this topic. Potential public health interventions would include expanded screening, early detection, and treatment in primary care settings, including through the NYC REACH primary care programming—a Health Department program that assists New York City-based primary care providers and practices with optimizing health information systems, quality improvement, and value-based initiatives. The Health Department holds the previous year's data for this indicator each fall to certify and ensure the integrity of data, so there is roughly a one-and-a-half-year lag in reporting this metric due to the timing of the Mayor's Management Report publication. Calendar 2024 data is expected to be published in the Fiscal 2026 Mayor's Management Report.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Adult New Yorkers without health insurance (%) (CY)	12.6%	12.1%	11.2%	12.0%	9.3%	10.5%	10.5%	Down	Down
Adults, ages 45-75, screened for colorectal cancer (%) (CY)	NA	63.3%	66.6%	68.5%	71.4%	*	*	NA	*
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	57.1	79.0	134.8	143.7	NA	133.1	133.1	NA	Down
★ Diabetes management among adult New Yorkers (%) (CY)	71.0%	71.8%	73.9%	75.0%	NA	↑	↑	NA	Up
★ 🌟 Infant mortality rate (per 1,000 live births) (CY) (provisional)	3.9	4.0	4.3	4.2	3.9	4.1	4.1	Neutral	Down
★ Pregnancy-associated mortality ratio for Black women and birthing people (per 100,000 live births) (Five-year averages) (CY)	101.1	114.2	127.3	NA	NA	98.1	97.1	NA	Down
Pregnancy-associated mortality ratio (per 100,000 live births) (Five-year averages) (CY)	42.9	48.6	52.3	NA	NA	*	*	NA	Down
★ Adult heart failure hospitalizations rate (per 100,000 population) (CY)	NA	320.0	323.9	341.3	NA	*	*	NA	*
★ Critical Indicator	🌟 Equity Indicator	"NA" Not Available		↑↓ Directional Target	* None				

SERVICE 3 Promote a safe environment.

Goal 3a Reduce hazards to children in homes and child care programs.

In Calendar 2024, there were 3,289 children under the age of 18 with blood lead levels at or above five micrograms per deciliter, a decrease of almost five percent compared to Calendar 2023. Similarly, there were 2,600 children under the age of six with blood lead levels at or above five micrograms per deciliter in Calendar 2024, about seven percent less than in Calendar 2023. Blood lead levels of five micrograms per deciliter or more in children is considered high and requires action to mitigate health effects and remove or control exposure sources. The observed decrease may be due to multiple factors, including the Health Department's continued focus on removal of lead hazards in homes, targeted community outreach, and follow-up care for affected children and families.

In Fiscal 2025, the Health Department conducted 8,392 inspections of group child care programs, an increase of 13 percent from Fiscal 2024. This is largely due to the hiring of additional inspectors and early childhood education consultants. With this additional inspection capacity, the proportion of active group child care center initial inspections that do not require a compliance inspection also improved to a five-year high of 82.2 percent.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ Childhood blood lead levels – number of children younger than age 18 with blood lead levels of 5 micrograms per deciliter or greater (CY) (preliminary)	3,015	3,036	3,243	3,456	3,289	↓	↓	Up	Down
★ Childhood blood lead levels – number of children younger than age 6 with blood lead levels of 5 micrograms per deciliter or greater (CY) (preliminary)	2,603	2,557	2,713	2,803	2,600	↓	↓	Neutral	Down
★ Active group child care center full inspections	3,687	6,124	6,553	7,417	8,392	*	*	Up	*
★ Active group child care center initial inspections that do not require a compliance inspection (%)	81.9%	81.7%	78.6%	78.9%	82.2%	↑	↑	Neutral	Up
★ Critical Indicator	🌟 Equity Indicator	"NA" Not Available		↑↓ Directional Target	* None				

Goal 3b Reduce the threat of foodborne illness.

In Fiscal 2025, the Health Department conducted initial inspections for 69.7 percent of the City’s restaurants, an increase of over three percentage points from Fiscal 2024. This increase can be attributed to the hiring of additional inspectors and the use of overtime. While an improvement, the Health Department continues to lag significantly behind the target of 100 percent, a goal that had traditionally been met in the years before the COVID-19 pandemic. This metric is expected to improve further as the Health Department continues to actively recruit for and fill critical inspector vacancies. Similarly, in Fiscal 2025, the percent of restaurants with an ‘A’ grade also improved slightly to 89.2 percent. This metric started dipping below 90 percent for the first time since Fiscal 2014 at the end of Fiscal 2023. Though the reasons why fewer restaurants are meeting the highest food safety standards are likely multifaceted and complex, the Health Department believes that its inability to consistently inspect restaurants and provide onsite education and correction of unsafe conditions since the start of the COVID-19 pandemic has contributed to poorer restaurant performance in the past few years.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Restaurants inspected (%)	3.3%	71.6%	83.4%	66.4%	69.7%	100.0%	100.0%	Up	Up
★ Restaurants scoring an ‘A’ grade (%)	92.2%	92.7%	90.0%	86.9%	89.2%	↑	↑	Neutral	Up
★ Critical Indicator ● Equity Indicator “NA” Not Available ↑↓ Directional Target * None									

Goal 3c Reduce animal-related risks to human health.

In Fiscal 2025, the Health Department conducted approximately 148,000 initial pest control inspections. Of these initial inspections, 19.7 percent of properties failed due to signs of rat activity, a decrease of about five percentage points from the prior year. This improvement can be attributed to the Health Department’s increase in proactive rat inspections (indexing) and efforts to promote best practices in rat management citywide. In indexing, all properties within a wide geographic area are inspected, such as whole neighborhoods. Proactive inspections are paired with neighborhood outreach to help property managers and owners recognize conditions that can cause rat infestations and how to eliminate those conditions.

As part of their broader efforts to reduce animal-related risks to human health, the Health Department also issues licenses for dogs in the City to help reunite lost dogs with their owners and ensure dogs are up to date with rabies vaccinations. In Fiscal 2025, approximately 70,100 dogs were licensed in New York City, a 7.4 percent decline from the prior year. The Health Department is exploring ways to better educate the public about the requirement and promote the benefits of dog licensing.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Initial pest control inspections (000)	54	116	179	150	148	*	*	Up	*
Initial inspections with active rat signs (ARS) (%)	26.9%	25.4%	22.3%	24.2%	19.7%	*	*	Down	*
★ Compliance inspections found to be rat free (%)	30.0%	30.1%	28.0%	27.3%	27.8%	↑	↑	Neutral	Up
Dogs licensed (000)	93.2	87.5	79.9	75.7	70.1	105.0	105.0	Down	*
★ Critical Indicator ● Equity Indicator “NA” Not Available ↑↓ Directional Target * None									

SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance use.

Goal 4a Reduce the adverse health consequences of substance use.

Deaths from unintentional drug overdose decreased by one percent from 3,070 deaths in Calendar 2022 to 3,046 deaths in Calendar 2023. While the number and rate of overdose deaths in New York City remained stable between Calendar 2022 and Calendar 2023, disparities in overdose death by race/ethnicity, age, income, and neighborhood of residence persist. Overdose deaths remain at epidemic levels in New York City and are primarily driven by the presence of fentanyl in the unregulated and rapidly changing drug supply. In Calendar 2023, fentanyl was present in four out of five overdose deaths in the City, making it the most common substance involved in overdose deaths. The Health Department utilizes a place-based and equity-centered approach to reduce overdose deaths. This approach, outlined in HealthyNYC’s drug overdose prevention plan, centers on reducing the risk of death for people who use drugs by distributing naloxone, fentanyl test strips, and other health and safety supplies; operating a peer-led nonfatal overdose response system and drug-checking services; and investing in services that support overdose prevention centers. The Health Department also works to ensure that people who use drugs have access to high-quality prevention, treatment, and recovery services by providing funding and technical assistance to service providers and implementing initiatives to increase the availability of evidence-based treatment in emergency departments, inpatient units, primary care providers, shelters, supportive housing, and mobile settings. Across these efforts, the Health Department prioritizes populations and neighborhoods most impacted by overdose.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Buprenorphine patients (CY)	16,008	15,160	15,139	15,202	15,619	16,919	16,919	Neutral	Up
★ 🌟 Deaths from unintentional drug overdose (CY) (provisional)	2,103	2,696	3,070	3,046	NA	↓	↓	NA	Down
★ Critical Indicator	🌟 Equity Indicator	“NA” Not Available	↑↓ Directional Target	* None					

Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

The Assisted Outpatient Treatment Program is responsible for the implementation of Kendra’s Law in New York City. Established in Calendar 1999, this law states that people with serious mental illness who are a danger to themselves or others can be court-ordered to participate in mental health treatment. Assisted Outpatient Treatment can help people with serious mental illness receive treatment services that may allow them to live independently in their community. The number of individuals in the assisted outpatient mental health treatment program increased six percent from 2,657 in Fiscal 2024 to 2,828 in Fiscal 2025. This is largely because the Health Department experienced a 17 percent increase in referrals during this period. This was not due to any specific initiative on the part of the Health Department but may be due to increased attention to the Health Department’s Assisted Outpatient Treatment Office both in the media and in the mental health provider community.

The number of new children receiving services from the Early Intervention (EI) Program—an initiative that supports families with young children who are not learning, playing, growing, talking, or walking like other children their age to create plans to help their children meet development goals—decreased by 13 percent from approximately 14,500 in Fiscal 2024 to 12,600 in Fiscal 2025. This decrease is due in part to the fact that the total population of children that may be eligible for EI services in New York City (children aged birth to three years) has decreased nineteen percent from approximately 328,000 in Fiscal 2019 to 265,000 in Fiscal 2024. The total number of EI referrals have also seen a similar, though smaller six percent decrease from Fiscal 2019 to Fiscal 2024, from approximately 35,000 to 33,000. Additionally, in Fiscal 2025, the New York State Department of Health implemented a new mandatory electronic case management system, which has increased referral processing and service assignment time, delaying children’s access to services and contributing to the decrease in Fiscal 2025.

The Health Department has seen an overall increase in the use of Mobile Crisis Teams. These teams contacted more individuals in the community in Fiscal 2025 than in Fiscal 2024, with the number of community-based de-escalations increasing by 22 percent. This is largely due to the total number of referrals received proportionally increased from Fiscal 2024 to Fiscal 2025.

In the Health Department’s ongoing effort to connect more individuals in need of mental health services to care, six new mobile treatment teams were created in Fiscal 2025. These mobile community-based teams include providers from Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), and Intensive Mobile Treatment (IMT) units. These services are suited for those living with a serious mental illness who have high services needs that are not being met in traditional settings. The six new teams have enhanced the program’s capacity, enabling it to serve 6,288 individuals in Fiscal 2025, 10 percent more people than in Fiscal 2024.

The Health Department’s Co-Response Teams (CRT), which run in collaboration with the New York City Police Department (NYPD), highlight the importance of integrating public health with public safety to ensure appropriate interventions are provided to individuals experiencing a mental health crisis. In Fiscal 2025, the number of new individuals served by the Health Department’s CRTs remained similar to Fiscal 2024, decreasing by less than two percent to 384 individuals. This continues to lag significantly behind the target of 500. Both Departments continue to experience staffing shortages and recruitment challenges. As a result, CRTs remain operational and respond to referrals citywide but with a temporarily reduced schedule that has limited their capacity to serve individuals. The Co-Response unit is currently onboarding new Health Department staff and continuing outreach to providers.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Individuals in the assisted outpatient mental health treatment program	2,292	2,247	2,442	2,657	2,828	*	*	Up	*
★ Units of supportive housing available to people with or at risk for developing serious mental health and substance use disorders (000)	9.9	10.6	11.4	12.1	12.8	12.5	13.3	Up	Up
New children receiving services from the Early Intervention Program (000)	12.8	14.9	15.2	14.5	12.6	*	*	Neutral	*
Health-led crisis response and community-based de-escalations	NA	NA	NA	8,145	9,970	*	*	NA	*
Individuals who received services from long-term mobile community-based treatment providers	4,583	4,949	5,296	5,729	6,288	6,072	6,072	Up	*
New individuals served by a DOHMH Co-Response Team	658	558	641	391	384	500	500	Down	*
★ Critical Indicator ● Equity Indicator “NA” Not Available ⬆️⬇️⬆️ Directional Target * None									

SERVICE 5 Provide high-quality and timely services to the public.

Goal 5a Provide birth and death certificates to the public quickly and efficiently.

While the average response times for birth and death certificates both increased over the past fiscal year by 1.1 and 0.5 days, respectively, they continue to outperform their three-day target with response time for birth certificates at 2.7 days and response time for death certificates at 1.4 days in Fiscal 2025. These increases were partly due to higher order volume, specifically birth certificate requests increased by 20 percent in Fiscal 2025 compared to Fiscal 2024. This was largely driven by the implementation of the federal Real ID policy. This surge in customer requests is consistent with increases in other vital records jurisdictions across the United States. Despite the surge in orders, the Health Department kept the average processing times within target through ongoing process improvement work, which includes promoting online requests.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
★ Average response time for birth certificates by mail/online/in person (days)	5.1	5.4	2.0	1.6	2.7	3.0	3.0	Down	Down
★ Average response time for death certificates by mail/online/in person (days)	3.7	4.2	1.3	0.9	1.4	3.0	3.0	Down	Down
★ Critical Indicator ● Equity Indicator “NA” Not Available ⬆️⬇️⬆️ Directional Target * None									

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Workplace injuries reported	97	85	96	94	93	*	*	Neutral	Down
Environmental Control Board violations received at the Office of Administrative Trials and Hearings (OATH)	16,709	35,108	45,527	48,298	51,551	*	*	Up	*
Environmental Control Board violations admitted to or upheld at the Office of Administrative Trials and Hearings (OATH) (%)	70.9%	65.4%	66.9%	73.7%	73.7%	*	*	Neutral	*
★ Critical Indicator ● Equity Indicator "NA" Not Available ⇅ Directional Target * None									

AGENCY CUSTOMER SERVICE

In Fiscal 2025, the Health Department responded to 79 percent of rodent complaints within 14 days, a 14-percentage point improvement in timeliness compared to Fiscal 2024. This change may be attributed to Agency efforts to improve response times and reduce backlogs, including adding new reporting to track pending work and using additional resources to assist with routing and closing cases. Similarly, in Fiscal 2025, the Health Department responded to 98 percent of food establishment complaints, up 21 percentage points from last year, and 100 percent of smoking complaints, up 25 percentage points from last year, within 14 days. These improvements are attributed to a more accurate calculation reflecting time to first action.

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Customer Experience									
Completed requests for interpretation	59,963	41,755	59,975	87,630	89,508	*	*	Up	*
Letters responded to within 14 days (%)	42%	64%	63%	60%	69%	70%	70%	Up	Up
E-mails responded to within 14 days (%)	91%	90%	85%	87%	88%	80%	80%	Neutral	Up
Average wait time to speak with a customer service agent (minutes)	0	1	1	1	0	10	10	Down	Down
CORE facility rating	99	100	98	100	96	85	85	Neutral	Up
Calls answered within 30 seconds (%)	78%	45%	69%	78%	65%	80%	80%	Neutral	Up
★ Critical Indicator ● Equity Indicator "NA" Not Available ⇅ Directional Target * None									

Performance Indicators	Actual					Target		Trend	
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	5-Year	Desired Direction
Response to 311 Service Requests (SRs)									
Percent meeting time to first action – Rodent (14 days)	40%	56%	66%	65%	79%	73%	73%	Up	*
Percent meeting time to first action – Food Establishment (14 days)	94%	93%	96%	77%	98%	90%	90%	Neutral	*
Percent meeting time to first action – Food Poisoning (3 days)	99%	99%	99%	99%	100%	90%	90%	Neutral	*
Percent meeting time to first action – Indoor Air Quality (14 days)	97%	98%	99%	99%	99%	95%	95%	Neutral	*
Percent meeting time to first action – Smoking Complaint (14 days)	77%	79%	91%	75%	100%	75%	75%	Up	*
★ Critical Indicator ● Equity Indicator "NA" Not Available ⇅ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY21	FY22	FY23	FY24	FY25	FY25	FY26	
Expenditures (\$000,000) ³	\$2,181.3	\$2,613.2	\$2,335.5	\$2,344.3	\$2,773.0	\$2,779.4	\$2,440.6	Up
Revenues (\$000,000)	\$29.3	\$34.0	\$31.9	\$34.7	\$40.0	\$31.6	\$31.6	Up
Personnel	6,542	6,090	6,164	6,253	6,282	7,105	7,229	Down
Overtime paid (\$000,000)	\$46.5	\$22.5	\$24.0	\$21.0	\$12.7	\$9.6	\$5.6	Down
Capital commitments (\$000,000)	\$59.3	\$248.5	\$341.6	\$112.1	\$393.6	\$201.7	\$186.4	Up
Human services contract budget (\$000,000)	\$713.5	\$780.1	\$909.4	\$1,070.3	\$1,008.0	\$1,129.5	\$1,006.2	Up

¹Actual financial amounts for the current fiscal year are not yet final. Final fiscal year actuals, from the Comptroller's Comprehensive Annual Financial Report, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ²Authorized Budget Level ³Expenditures include all funds "NA" - Not Available * None

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY24 ¹ (\$000,000)	Modified Budget FY25 ² (\$000,000)	Applicable MMR Goals ³
Personal Services - Total	\$592.0	\$637.1	
101 - Health Administration	\$76.1	\$76.2	All
102 - Disease Control	\$121.5	\$141.5	1a, 1b
103 - Family and Child Health	\$118.0	\$116.0	1b, 2b
104 - Environmental Health Services	\$82.4	\$87.7	2b, 3a, 3b, 3c
105 - Early Intervention	\$16.4	\$19.6	4b
106 - Office of Chief Medical Examiner	\$80.9	\$91.0	Refer to table in OCME chapter
107 - Center for Health Equity & Community Wellness	\$29.4	\$34.4	2a, 2b
108 - Mental Hygiene Management Services	\$47.1	\$50.7	4a, 4b
109 - Epidemiology	\$20.2	\$20.0	2a, 2b, 5a
Other Than Personal Services - Total	\$1,752.3	\$2,135.9	
111 - Health Administration	\$168.2	\$168.7	All
112 - Disease Control	\$304.9	\$448.5	1a, 1b
113 - Family and Child Health	\$134.4	\$139.0	1b, 2b
114 - Environmental Health Services	\$42.3	\$56.8	2b, 3a, 3b, 3c
115 - Early Intervention	\$300.8	\$352.4	4b
116 - Office of Chief Medical Examiner	\$25.6	\$24.9	Refer to table in OCME chapter
117 - Center for Health Equity & Community Wellness	\$87.7	\$92.0	2a, 2b
118 - Mental Hygiene Management Services	\$61.5	\$46.4	4a, 4b
119 - Epidemiology	\$5.6	\$11.2	2a, 2b, 5a
120 - Mental Health Services	\$482.2	\$631.4	4b
121 - Developmental Disability	\$7.8	\$11.5	*
122 - Alcohol & Drug Use Prevention, Care, Treatment	\$131.3	\$153.0	4a
Agency Total	\$2,344.3	\$2,773.0	

¹Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2024. Includes all funds. ²City of New York Adopted Budget for Fiscal 2025, as of June 2025. Includes all funds. ³Refer to agency goals listed at front of chapter. "NA" Not Available * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicators 'Infectious syphilis cases' and 'Congenital syphilis cases' in Goal 1a are now reported in calendar year and annually to match other public health surveillance data to avoid confusion and data misrepresentation. The indicators names have been updated to 'Infectious syphilis cases (CY)' and 'Congenital syphilis cases (CY)' and previous fiscal year data was updated with calendar year data. All CY data is reported from the previous calendar year (i.e., the value reported for Fiscal 2025 in the data table represents Calendar 2024).
- The indicator 'Pregnancy-associated mortality rate for Black women and birthing people (per 100,000 live births) (CY)' in Goal 2b was renamed to 'Pregnancy-associated mortality ratio for Black women and birthing people (per 100,000 live births) (Five-year averages) (CY)' after Agency review of the indicator names. The indicator 'Pregnancy-associated mortality rate (per 100,000 live births) (CY)' was also renamed to 'Pregnancy-associated mortality ratio (per 100,000 live births) (Five-year averages) (CY)' for consistency.
- The indicator 'New individuals served by a Co-Response Team' in Goal 4b was renamed to 'New individuals served by a DOHMH Co-Response Team' to clarify that this metric reflects the work of NYPD and DOHMH's co-response, but there are other co-response teams between different agencies in the City not reflected in this indicator.
- A number of previously published figures were updated as part of this publication after a review of historical data:
 - The Calendar 2020 figure for 'New HIV diagnoses (CY)' was updated from 1,448 to 1,407. The Calendar 2021 figure was updated from 1,595 to 1,608, Calendar 2022 was updated from 1,567 to 1,590, and Calendar 2023 was updated from 1,686 to 1,705.
 - The Calendar 2022 figure for 'New tuberculosis cases (CY)' was updated from 534 to 535. The Calendar 2023 figure was also updated from 684 to 679.
 - The Calendar 2020 figure for 'COVID-19 hospitalizations rate (per 100,000 admissions) (CY)' was updated from 716.3 to 688.4. The Calendar 2021 figure was updated from 651.8 to 632.4, Calendar 2022 was updated from 619.4 to 602.0, and Calendar 2023 was updated from 222.8 to 214.7.
 - The Calendar 2022 figure for 'Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)' was updated from 127.0 to 134.8. The Calendar 2023 figure was also updated from NA to 143.7.
 - The Calendar 2022 figure for 'Pregnancy-associated mortality ratio for Black women and birthing people (per 100,000 live births) (Five-year averages) (CY)' was updated from NA to 127.3.
 - The Calendar 2022 figure for 'Pregnancy-associated mortality ratio (per 100,000 live births) (Five-year averages) (CY)' was updated from NA to 52.3.
 - The Calendar 2023 figure for 'Adult heart failure hospitalizations rate (per 100,000 population) (CY)' was updated from NA to 341.3.
 - The Fiscal 2024 figure for 'Active group child care center initial inspections that do not require a compliance inspection (%)' was updated from 78.1 to 78.9 percent.
 - The Calendar 2023 figure for 'Buprenorphine patients (CY)' was updated from 15,232 to 15,202.
 - The Fiscal 2024 figure for 'Individuals who received services from long-term mobile community-based treatment providers' was updated from 5,747 to 5,729.

- Several indicators have NA data for the most current year due to long data lag times. This includes the following indicators:
 - The Calendar 2024 figure for ‘New HIV diagnoses (CY)’ is expected to be updated in the Fiscal 2026 Preliminary Mayor’s Management Report.
 - The Calendar 2024 figure for ‘Asthma-related emergency department visits among children ages 5–17 (per 10,000 children) (CY) (preliminary)’ is expected to be updated in the Fiscal 2026 Mayor’s Management Report.
 - The Calendar 2024 figure for ‘Diabetes management among adult New Yorkers (%) (CY)’ is expected to be updated in the Fiscal 2026 Preliminary Mayor’s Management Report.
 - The Calendar 2023 figures for ‘Pregnancy-associated mortality ratio for Black women and birthing people (per 100,000 live births) (Five-year averages) (CY)’ and ‘Pregnancy-associated mortality ratio (per 100,000 live births) (Five-year averages) (CY)’ are expected to be updated in the Fiscal 2026 Mayor’s Management Report. The Calendar 2024 figures for these indicators are expected to be updated in the Fiscal 2027 Mayor’s Management Report.
 - The Calendar 2024 figure for ‘Adult heart failure hospitalizations rate (per 100,000 population) (CY)’ is expected to be updated in the Fiscal 2026 Mayor’s Management Report.
 - The Calendar 2024 figure for ‘Deaths from unintentional drug overdose (CY) (provisional)’ is expected to be updated in the Fiscal 2026 Preliminary Mayor’s Management Report.

ADDITIONAL RESOURCES

For additional information go to:

- HealthyNYC: New York City’s Campaign for Healthier, Longer Lives: <https://www.nyc.gov/site/doh/about/about-doh/healthynyc.page>
- Care Community, Action: A Mental Health Plan for NYC: <https://www.nyc.gov/assets/doh/care-community-action-mental-health-plan>
- Provisional Birth and Death Data: <https://www.nyc.gov/site/doh/data/data-sets/vital-statistics-data.page>
- The Social Indicators and Equity Report, EquityNYC: <http://equity.nyc.gov/>

For more information about the NYC Health Department, please visit: nyc.gov/health.

